

CLAIMS ONLY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number 101509985</td> <td style="width: 40%;">Filing Date</td> </tr> <tr> <td colspan="2">Applicant(s)</td> </tr> </table>	Application Number 101509985	Filing Date	Applicant(s)	
Application Number 101509985	Filing Date				
Applicant(s)					

* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3					
Total Depend	17					
Total Claims	20					

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						